

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mahaswaran, et al.
Application No.: 10/646,784 Group No.: 1642
Filed: August 25, 2003 Examiner: AEDER, Sean E.
Confirmation No.: 1100 Customer No.: 50828
For: USE OF MULLERIAN INHIBITING SUBSTANCE AND INTERFERON
FOR TREATING TUMORS

MAIL STOP M CORRESPONDENCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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Date June 17, 2008

Tina-Michelle Pittsley

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TRANSMITTAL FORM

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Application Number	10/646,784
Filing Date	August 25, 2003
First Named Inventor	Shyamala MAHASWARAN
Art Unit	1642
Examiner Name	Sean E. AEDER
Attorney Docket Number	030258-059211

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission; Letter to Examiner.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NIXON PEABODY LLP		
Signature	/David S. Resnick/		
Printed name	David S. RESNICK		
Date	June 17, 2008	Reg. No.	34,235

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